

NOTICE OF INDEPENDENT REVIEW DECISION

October 27, 2003

RE: MDR Tracking #: M2-03-1821-01
IRO Certificate #: IRO4326

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a ___ physician reviewer who is board certified in orthopedic surgery which is the same specialty as the treating physician. The ___ physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This patient sustained an injury on ___ when he fell off a ladder while loading and unloading an aircraft. He has had numerous conservative treatment modalities including physical therapy, anti-inflammatory, analgesic, and muscle relaxant medications, and a number of epidural steroid and facet injections, as well as four bilateral rhizotomies.

Requested Service(s)

Posterior lumbar fusion at L4-5 and L5-S1

Decision

It is determined that the proposed posterior lumbar fusion at L4-5 and L5-S1 is medically necessary to treat this patient's condition

Rationale/Basis for Decision

This patient has had epidural steroid injections and rhizotomies without significant relief. According to the records, the patient had taken narcotics for pain control and eventually got off of them. However, the pain quickly became significant and he had to go back on analgesics. The patient had taken himself off work because of his chronic pain and his inability to manage that pain. He was seen by a designated doctor for examination on 07/28/03. At the time of exam, the patient's pain was reported to be a 9 out of 10 on the pain scale. This physician opined that the diagnosis was properly stated and that there was a causal relation between the pre-existing condition and the reported injury. It is apparent that the patient has not significantly progressed under the current treatment plan. A two level fusion has been recommended by this designated doctor.

From these records, there is no doubt that the patient has persistent pain and discomfort in his lower back. He is now no longer able to work and he has returned to narcotic medication. There is also ample evidence in the records to indicate that the patient has a two level problem in his lumbar spine. In addition, there is evidence from three independent orthopedic surgeons that the patient is a candidate for surgical intervention at the L4-5 and L5-S1 levels. Therefore, it is determined that the proposed posterior lumbar fusion at L4-5 and L5-S1 is medically necessary.

This decision by the IRO is deemed to be a TWCC decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5 (c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.5(d)). A request for hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings/Appeals Clerk
Texas Workers' Compensation Commission
P.O. Box 17787
Austin, Texas, 78744
Fax: 512-804-4011

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in this dispute.

Sincerely,

In accordance with Commission Rule 102.4 (h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 27 th day of October 2003.
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